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20850 7590 02/09/2007

**DORSEY & WHITNEY, LLP**  
**INTELLECTUAL PROPERTY DEPARTMENT**  
**370 SEVENTEENTH STREET**  
**SUITE 4700**  
**DENVER, CO 80202-5647**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/668,813	09/22/2003	Michael Johnson	2098/US	4980

TITLE OF INVENTION: MEDICAL DEVICE HAVING INTEGRAL TRACES AND FORMED ELECTRODES

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/09/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
GIBSON, ROY DEAN		3739	606-041000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1. Heimbecher &amp; Assoc., LLC

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

St. Jude Medical, Atrial Fibrillation Division, Inc., Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Reed Heimbecher#36353/Date 5 May 2007Typed or printed name Reed R. HeimbecherRegistration No. 36353

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